

# North Dakota Real Choice Rebalancing Grant

## "Choice and Self-Directed Community Resource Delivery for the Elderly and People with Disabilities"

January 06, 2007



North Dakota was awarded a *Real Choice Systems Change Grant – Rebalancing Initiative* from the Centers for Medicare and Medicaid (CMS) in September, 2004.

Real Choice Systems Change Grants were implemented in order to comply with the President's *New Freedom Initiative* and the *Olmstead Decision*, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities.

### Olmstead Decision and New Freedom Initiative

The United States Supreme Court's *Olmstead v. L.C.* (1999) decision calls upon states to integrate people with disabilities and to provide community-based services. On June 18, 2001, President Bush directed government agencies to work together to "*tear down the barriers*" to community living for the elderly and people with disabilities. These agencies need to provide supports necessary to:

- learn and develop skills,
- engage in productive work,
- choose where to live, and
- fully participate in community life.

### Current North Dakota Statistics

- Three in five ND AARP members are extremely concerned with maintaining independent.<sup>1</sup>
- ND has the highest proportion in the nation of elderly 85 years and older. The number of elderly people in the state is projected to increase by 58% over the next 20 years and will represent 23% of the population.<sup>2</sup>
- North Dakota's 2005 Medicaid Continuum of Care Expenditures included 95% spent on Nursing Home Institutional Services and 5% spent on Home and Community Based Services.<sup>3</sup>

### Purpose of the Grant

The overall purpose of the North Dakota Real Choice Systems Change Grant – Rebalancing Initiative (RCR) is to take an in-depth look at the continuum of care system in the state and how North Dakota can better implement the Olmstead Decision and the New Freedom Initiative. Specifically, the RCR Grant goals are:

1. To increase access to, and utilization of, home and community-based services for the elderly and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for the elderly and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To develop quality management mechanism for service delivery.

Alternative formats available upon request: (800) 233-1737

### Planning Committee Members

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## Key Definitions

*Rebalancing (CMS Definition)*—reaching “a more equitable balance” between the proportion of total Medicaid used for institutional services (i.e., Nursing Facilities [NF] and Intermediate Care Facilities for the Mentally Retarded [ICFs-MR]) and those used for community-based supports under its State Plan and waiver options.”

“offers individuals a reasonable array of balanced options, particularly adequate choices of community and institutional options.”

*Single Point of Entry*—a system that provides consumers streamlined access to long term and supportive services through one agency/organization.

## Research Conducted

### *Focus Groups/Personal Interviews*

In October, November, and December 2005, RCR Project staff conducted over forty focus groups and personal interviews to gather information about current perceptions and suggestions for improving choice and self-direction, quality, and access to continuum of care services for the elderly and people with disabilities.

### *Questionnaires*

In addition to the focus groups and personal interview, project staff also distributed questionnaires to hospital discharge planners and consumers of continuum of care services throughout the state. The questionnaire data is being analyzed and the final reports will be available at a later date.

*Current and future information and reports can be obtained by contacting the project director or are available on the DHS website at:*

<http://www.nd.gov/humanservices/info/pubs/ltocontinuum.html>



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*This project's consumer and stakeholder-dominated process will gather information and work to build consensus on three key issues:*

### 1. A Plan or road map

This plan will include information for the development of:

- a system to provide a single point of entry for continuum of care services,
- a mechanism to balance state resources for continuum of care services to strengthen opportunities for choice and self-direction,
- Integrated utilization of the Medicaid Management Information System (MMIS), and
- Service quality management protections.

### 2. Draft legislation: Drafting bills for consideration by the ND Legislative Assembly to direct the implementation of the Plan/Roadmap and financial resources for its implementation.

### 3. Public Information Services: Development of practical and sustainable public information services for all continuum of care services in North Dakota.

*If you are interested in hearing more about the North Dakota Real Choice Rebalancing Initiative please contact:*

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1 2004 AARP ND Member Survey: Support Services.

2 Center for Rural Health, & North Dakota State Data Center. (2002). *Needs Assessment of Long Term Care, North Dakota: 2002, Initial Report & Policy recommendations.*

3 Burwell, B., Sredl, K., & Eiken, S. (2004). *Medicaid Long-Term Care Expenditures in FY 2004.*